

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040339

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

ST-29642 XG-UNKNOWN
FILED NOV 1 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.		c. CITY OR TOWN FARMINGTON	
Length of stay in lb 6 DAYS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS ROUTE #3	
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last WILLARD H. HOLMES			Month Day Year 10/23/62		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/14/04	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) MADISON COUNTY, MISSOURI, U.S.A.			12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME CYRUS HOLMES			13b. MOTHER'S MAIDEN NAME CORA JOHNSON		
14. NAME OF HUSBAND OR WIFE - - - - -					

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II		17. INFORMANT CORA HOLMES (MOTHER) SEE #2	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA.		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) ACUTE AND CHRONIC PYELONEPHRITIS			
DUE TO (c) 600.0			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour s.m. p.m.	Month, Day, Year		
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. Attended the deceased from 10/17/62 to 10/23/62 and last saw him alive on 10/23/62	
Death occurred at 12:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE JOSEPH P. SCHAEFER M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 10/23/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-26-62	23c. NAME OF CEMETERY OR CREMATORY Farmington, Mo.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Cozean Funeral Home, Farmington, Mo.	25. DATE RECD. BY LOCAL REG. OCT 24 1962	26. REGISTRAR'S SIGNATURE Road Smith, M.D.
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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

• If embalmed by a STUDENT, he also shall sign in his OWN handwriting. -

If this body is not embalmed, fact should be so stated above.